

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/432,904	11/02/99	601	3733	1001.1012

APPLICANT

CESAR Z. LINA, UNIVERSAL CITY, TX.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A CON OF 08/816,807 03/19/97 PAT 5,989,204
 WHICH IS A CON OF 08/428,268 04/25/95 ABN
 WHICH IS A CON OF 08/275,920 07/14/94 ABN
 WHICH IS A CON OF 08/000,545 01/04/93 ABN
 WHICH IS A CON OF 07/766,576 09/27/91 ABN

****371 (NAT'L STAGE) DATA*******

VERIFIED

****FOREIGN APPLICATIONS*******

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/02/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 2	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Initials _____ Initials _____					

SEE CUSTOMER NUMBER: 022775

ADDRESS

FOOT MOUNTED VENOUS COMPRESSION DEVICE

TITLE

FILING FEE RECEIVED \$838	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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